APPLICATION FORM

BS (PH) Programme

Al-Shifa School of Public Health

Al-Shifa Trust Eye Hospital, Jhelum Road, Rawalpindi

Tel: 051-5487820-24; http://sofph.alshifaeye.org/

SEMESTER SPRING/FALL 20____
1. SECTION 1: PERSONAL INFORMATION

FULL NAME: MR. /MS.

(As on Matriculation certificate)

FATHER'S NAME:

SEX: MALE □   FEMALE □   DATE OF BIRTH: ______/_____/_______

(As on Matriculation certificate)

National Identity Card No. ______________________________

(Passport No for foreign Students)

DOMICILE (PROVINCE): ____________________ NATIONALITY: ____________________

PERMANENT ADDRESS:

______________________________________________________________

______________________________________________________________

PHONE NO: _____________________ MOBILE: ________________________

(with area code)

POSTAL ADDRESS:

______________________________________________________________

______________________________________________________________

PHONE NO: _____________________ MOBILE: ________________________

(with area code)

OFFICE NO: _____________________ FAX NO: ________________________

(with area code)            (with area code)

EMAIL:

______________________________________________________________
2. SECTION 2: ADDITIONAL SKILLS

Please note that the following questions are NOT part of our selection criteria for the first phase of short-listing; however please note that the Al-Shifa School of Public Health, PIO will be interested to know about these skills in the interviews after the first phase is complete.

ENGLISH LANGUAGE SKILLS

How do you rate your English language skills?

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<th>POOR</th>
<th>FAIR</th>
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<th>EXCELLENT</th>
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<tr>
<td>SPEAKING</td>
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<td>WRITING</td>
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How do you rate your computer skills?

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<td>MICROSOFT WORD</td>
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<td>MICROSOFT POWER POINT</td>
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<td>MICROSOFT EXCEL</td>
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ANY OTHER SOFTWARE (SPECIFY)

________________________________________________________________________
### 3. SECTION 3: QUALIFICATIONS

List all the School & Colleges attended in reverse chronological order. Begin with the most recent.

<table>
<thead>
<tr>
<th>NAME OF INSTITUTION</th>
<th>PLACE, COUNTRY</th>
<th>DATES ATTENDED</th>
<th>DEGREE NAME</th>
<th>PASSING YEAR</th>
<th>MARKS OBTAINED</th>
<th>TOTAL MARKS</th>
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4. SECTION 4: SIGNATURE FORM

If you are offered admission to the BSPH Course, how do you plan to pay for it?

EMPLOYER: ___________________________ SELF: _______________________ OTHER (SPECIFY): _______________________

PAYMENT SCHEDULE

LUMP SUM ____________________________ SEMESTER WISE ________________________________

I affirm that the information on this application form and any additional material that I submit is complete and accurate to the best of my knowledge. I understand that furnishing false or incomplete information may be cause for denial of admission, cancellation of registration, or revocation of degree.

APPLICANT’S SIGNATURE: ____________________________ DATE: ________________________

NOTE: All applicants are required to send:

1. Complete filled application form handwritten or typed.

2. Two complete ATTESTED/VERIFIED sets of all documents (Last Degrees must be verified, Domicile, ID Card, 2 passport size photos)

3. Application processing fee of Rs. 2,000/- (non-refundable) in the form of pay order or bank draft made to “Al-Shifa Trust Eye Hospital, Rawalpindi”

4. Can be submitted in person or through TCS/Courier services at the address given below:

   BS (PH) Admission, 
   Al-Shifa School of Public Health, 
   Pakistan Institute of Ophthalmology, 
   Al Shifa Trust Eye Hospital, 
   Jhelum Road, Rawalpindi.